

worldwide. The following represents a single institutional series from a community based training program with a minimally invasive bariatric surgical program.

**Methods:** Data from all patients undergoing laparoscopic retrocolic, retrogastric Roux-en-Y gastric bypass (RYGBP) since the inception of the program were entered into a prospective database. Measured outcomes included length of operation, length of stay, major and minor complications, and percentage excess weight loss. Results were compared to published outcomes in a recent review of the literature of over 3400 cases using chi square and Fischer exact test (Arch Surg 2003;138:957-61.)

**Results:** From 2001 to 2005, 500 consecutive patients underwent laparoscopic 9.3 years. The mean weight was  $\pm 136 \pm 22.4$  kgs. Initial BMI was  $48 \pm 6$ . The mean length of stay was  $2.2 \pm 1$ . The length of operation was  $146 \pm 32$  minutes. Mean %EWL at 1 year was 72% (n=344).

Complication	N=500	Literature	p-value
Mortality	0.0	0.2	.607
Anastomotic Leaks	0.4	2.0	.007
Pulmonary Embolism	0.2	0.4	.704
Bleeding	3.4	1.9	.133
Bowel Obstruction	3.2	2.9	.726
Wound Infection	2.0	3.0	.219

**Conclusions:** Exemplary outcomes following laparoscopic RYGBP can be achieved in a community based program with moderate case volume. Reimbursement decisions should be based on actual quality indicators rather than volume alone.

### 13. SATISFACTION WITH INTIMACY, SOCIAL ACTIVITIES, FAMILY AND FRIENDS SOCIAL SUPPORT: ARE THERE DIFFERENCES BETWEEN OBESE PATIENTS WAITING FOR BARIATRIC SURGERY AND PATIENTS WHO WERE ALREADY SUBMITTED TO THIS PROCEDURE

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**Background:** The impact of bariatric surgery in patients' satisfaction with intimacy, social activities, and family and friends social support has been reported in psychotherapy context.

**Methods:** The aim of this study was to analyze the differences in satisfaction with intimacy, social activities, family and friends social support between patients who were submitted to bariatric surgery and patients who are still waiting for this procedure. Two groups were studied: - A cohort of 37 obese patients waiting for bariatric surgery, aged between 17 and 61 (M=37.54), 89.2% female, with BMI ranging between 30.37 and 71.98 (M=47.58); - A cohort of 37 obese patients who had been submitted to bariatric surgery (78.4% gastric band and 21.6% bypass); mean follow-up of 30.69 months; with a mean BMI before surgery of 50.36, aged between 23 and 62 (M=44.57), 86.5% female, with a current BMI ranging between 23.32 and 49.24 (M=34.62). Participants answered to the Social Support Satisfaction Scale in the context of a personal interview, and clinical data were collected from patient's hospital records, after their informed consent. In order to achieve our objective, we have proceeded to a Student t-test analysis.

**Results:** Data analysis demonstrate that patients who were already submitted to bariatric surgery report higher satisfaction with intimacy ( $t(71)=-3.12$ ;  $p<.01$ ), social activities ( $t(71)=-2.23$ ;  $p<.05$ ), family ( $t(71)=-2.23$ ;  $p<.05$ ) and friends support ( $t(71)=-3.57$ ;  $p<.01$ ).

**Conclusion:** Results suggest that bariatric surgery has important consequences on social support satisfaction and that this treatment probably contributes to improve social functioning and adjustment in obese patients.

### 14. PSYCHOLOGICAL EVALUATION FOR OBESITY SURGERY CANDIDATES

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**Background:** Morbid obesity has diverse causes, needs attention of different professionals, and bariatric surgery is the gold standard method of treatment. The psychological evaluation is an important part of the preparation to surgery. It identifies aspects of emotional structure, including healthy and pathological aspects of the personality, and contributes for the prognosis after many years of surgery. The objective of this study is to report the importance to evaluate the emotional structure and aspects of the personality of the obesity surgery candidates through 25 years of experience using psychological evaluation.

**Methods:** The psychological evaluation has been applied with psychological tests, clinical interview and Binge Eating Scale (BES). This process permits to know the structure of the personality and the psychological functioning of the obese patients.

**Results:** The experience demonstrated that these patients present impulsiveness, affective immaturity, persecutory ideas, aggressiveness, passivity, shyness, depression, melancholy, compulsion, unstable mood, anxiety and bipolar personality disturbances.

**Conclusions:** It is not possible to define a single psychic structure for the obese patients, but knowledge is necessary about aspects of their personality structure and psychic dynamic to orientate the psychological treatment, the surgical indication and the appropriate surgical technique to be used.

### 15. QUALITY OF LIFE IMPROVES AND CORRELATES WITH WEIGHT LOSS AFTER GASTRIC BYPASS SURGERY

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**Background:** Gastric bypass surgery has been demonstrated to provide significant improvement in weight loss, co-morbidity resolution, quality of life (QoL) and survival. Both general and disease specific QoL instruments exist for obesity and its related co-morbidities. The aim of our study was to examine different QoL instruments demonstrating their improvement over time as well as their correlations to each other and to weight loss.

**Methods:** The Gastro-Intestinal Related Quality of Life (GIRQoL), Three Factor Eating Questionnaire (TFEQ), Impact of Weight on QoL (IWQOL), Short Form for Musculo-Skeletal Function Assessment (SMFA), Beck Depression Index (BDI), and SF36 surveys were administered prospectively for 86 gastric bypass patients and again at 3, 6, and 12 months. Patient demographics included average age 43, 82% female, and average pre-op BMI 49. Continuous and categorical variables were analyzed via T-test and Chi Square test respectively with a p-value of 0.05 set as significant.

**Results:** All survey results were significantly different from general societal norms at pre-op. At three and six months, all QoL surveys demonstrated significant improvement. Correlations in preop QoL results demonstrated there was significant correlation (Spearman) GIRQoL (-.34), IWQOL (.28), and BDI (-.14) to all QoL instruments. The two QoL instruments which best correlated (Spearman) to preop and postop BMI included TFEQ (-.29) and IWQOL (.29).

**Conclusion:** Gastric bypass clearly improves quality of life with Impact of Weight on Quality of Life demonstrating best correlation to other Quality of Life instruments and pre- and post-operative BMI.